

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002953

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 291 Primary Registration District No. \_\_\_\_\_ Registrar's No. 7

STATE FILE NUMBER

**FILED JAN 31 1963**

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Unionville</u>		c. CITY OR TOWN <u>Unionville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MONROE HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>City</u>	

3. NAME OF DECEASED (Type or print) First <u>Josie</u> Middle <u>Helen</u> Last <u>Mitchell</u>			4. DATE OF DEATH Month <u>1</u> Day <u>23</u> Year <u>63</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>10-30-98</u>	9. AGE (last birthday) <u>64</u>	10. IF UNDER 1 YEAR Months <u>2</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) <u>Putnam Co Mo</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>John McLure</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca McHenry</u>		
14. NAME OF HUSBAND OR WIFE <u>Sadie Parcel</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO. _____			17. INFORMANT <u>Sadie Parcel</u>		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>arteriosclerosis &amp; hypertension</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1-23-63</u>	20f. CITY, TOWN, OR LOCATION <u>Unionville Mo</u>	COUNTY _____ STATE _____
21. I attended the deceased from <u>1-23-63</u> to <u>1-23-63</u> and last saw her alive on <u>1-23-63</u> Death occurred at <u>4:12 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Chas L. Judd</u>	(Degree or title)	22b. ADDRESS <u>Unionville Mo</u>	22c. DATE SIGNED <u>1-25-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>1-27-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MENDOTA CEM.</u>	23d. LOCATION (City, town, or county) <u>Putnam Co. Mo</u>

24. FUNERAL DIRECTOR <u>F.D. Husted &amp; Son - Unionville Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-26-63</u>	26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Murle E. Husted

Licensed Embalmer No. 5394

P. O. Address Chippewa Falls

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.